## MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE 10/563,691 FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) APPLICANT(S) CLAIMS AFTER AS FILED AFTER I"AMENDMENT AFTER AS FILED 1 "AMERIMENT AFTER IND. I"AMERDMENT DEP. IND. 1 AMENDMENT DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. Ø Ô TOTAL IND. T A \$ TOTALEX T P TOTAL DEP **∳**□ **◆**■ TOTAL SE **₩ ⟨**¤ TOTAL TOTAL CLAIMS CLABES PTO . 1366 PURS TIME U.S. DEPARTMENT of COMMERCE